#903

PTO/SB/01 (10-01)
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Attorney Dock t Number

DESIGN	First Named Inventor	JAMES D. MAHAN
PATENT APPLICATION	COMPLE	ETE IF KNOWN
(37 CFR 1.63)	Application Number	
X Declaration Declaration Submitted OR Submitted after Initial	Filing Date	HEREWITH
	Art Unit	
with Initial Filling (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	
As the below named inventor, I hereby declare that:		
My residence, mailing address, and citizenship are as stated below	v next to my name.	
I believe I am the original and first inventor of the subject matter w	rear e a la l	ch a patent is sought on the invention entitled:
"MASSAGE TABLE FOR ADJUSTING	SPINAL AREA	"
	* *	
A Part of the Company		
(Title of the In	vention)	
the specification of which		*
X Is attached hereto		
OR	·	
was filed on (MM/DD/YYYY)	as United States A	pplication Number or PCT International
	2	
		700
Application Number and was amende	d on (MM/DD/YYYY)	(if applicable).
I hereby state that I have reviewed and understand the contents of	the above identified specif	fication, including the claims, as amended by
any amendment specifically referred to above:	*	
I acknowledge the duty to disclose information which is material to applications, material information which became available between international filing date of the continuation-in-part application.	the filing date of the prior	application and the nellignal or PCT
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) breeder's rights certificate(s), or 365(a) of any PCT international States of America, listed below and have also identified below, be breeder's rights certificate(s), or any PCT international application claimed.	application which designa y checking the box, any fo	ted at least one country other than the United in preign application for patent, inventor's or plant
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Certified Copy Attached? Not Claimed YES NO
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TOTAL CONTRACTOR STATE OF THE S	na ya marani Menina	
Additional foreign application numbers are listed on a supple	mental priority data sheet F	PTO/SB/02B attached hereto:

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MARCUS L. BATES	·		
9002 SOUTH COUNTY ROAD 1312			
ODESSA TEXAS 79766 ZIP			
U. S. A. 432-563-2885 432-563-5 Country Fax	5833		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and are believed to be true; and further that these statements were made with the knowledge that willful false statements and the made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopard validity of the application or any patent issued thereon.	like so		
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor			
Given Name JAMES D. Family Name MAHAN (first and middle [if any])			
Inventor's James of Market Date 26,	03		
DESSA TEXAS U.S.A. U.S.A. Residence: City State Country Citizenship			
1328 WESTBROOK AVENUE			
ODESSA TEXAS 79761 U.S.A. City TEXAS 79761 U.S.A. Country			
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor			
Given Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X		
Inventor's X X X X X X X X X X X X X X X X X X X	X		
Residence: City Country :- Citizenship			
Mailing Address			
City State ZIP Country			

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	
Filing Date	HEREWITH
First Named Investor	JAMES D. MAHAN
Title "MASSAGE TABI	E FOR ADJUSTING
Group Art Unit	SI INAL AMLA
Examiner Name	
Attorney Docket Number	#903

I hereby appoint:	·		
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MARCUS	S L. BATES	22,	579
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I am the: $\overline{X}$ Applicant/Inven	tor.		
	cord of the entire interest. See 3 or 37°CFR 3.73(b) is enclosed.		
	SIGNATURE of Applicant	or Assignee of Record	
Name JA	AMES D. MAHAN		
Signature	arnes D. Medi	<del>~~</del>	
Date J	NE 26 , 2003		
NOTE: Signatures of all the inve forms if more than one signature	entors or assignees of record of the en	tire interest or their represen	ntative(s) are required. Submit multipl
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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR	Dock t Number (Optional) #903
Applicant, Patentee, or Identifier: JAMES D. MAHAN	
Application or Patent No.:	
Filed or Issued: HEREWITH	
Title: "MASSAGE TABLE FOR ADJUSTING SPINAL	AREA"
As a below named inventor, I hereby state that I qualify as an independent in for purposes of paying reduced fees to the Patent and Trademark Office destant the specification filed herewith with title as listed above.  The application identified above.  The patent identified above.  I have not assigned, granted, conveyed, or licensed, and am under no obliggrant, convey, or license, any rights in the invention to any person who would runder 37 CFR 1.9(c) if that person had made the invention, or to any conce business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 Each person, concern, or organization to which I have assigned, granted, cobligation under contract or law to assign, grant, convey, or license any right.	nation under contract or law to assign, not qualify as an independent inventor which would not qualify as a small CFR 1.9(e).
No such person, concern, or organization exists.      Each such person, concern, or organization is listed below.	
The second secon	
Separate statements are required from each named person, concern, or orga stating their status as small entities. (37 CFR 1.27)  I acknowledge the duty to file, in this application or patent, notification of any entitlement to small entity status prior to paying, or at the time of paying, maintenance fee due after the date on which status as a small entity is no lo	y change in status resulting in loss of the earliest of the issue fee or any
JAMES D. MAHAN + + + + + + + + + + + + + + + + + + +	+ + + + + + + + + NAME OF INVENTOR
Signature of inventor  Signature of inventor	+ + + + + + + + + + Signature of inventor
JUNE 26, 2003 +++++++	+ + + + + + +
Date Date	Date

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